PTO/SB/06 (08-03)
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	P	ATENT A	APPLIC/	OITA	N FEE DE	ERMINATION RECORD TO-875					ss it displays a valid OMB control number. Application or Docket Number 0 699 466		
CLAIMS AS FILED - PART I (Column 1)						Column 2)	SMALL ENTITY			OR		R THAN L ENTITY	
FOR NUMBER FILED NUM				JER EXTRA		RATE	FEE]	RATE	FEE			
8ASIC FEE (37 CFR 1.18(a))						7		3	1				
TOTAL CLAIMS (37 CFR 1.18(c)) minus 20 = .					1.1	×	 '	OR	<u> </u>	18			
IN	INDEPENDENT CLAIMS					┨╏	X \$=		OR	X \$=	 		
							┨╏	x ;=	 	OR	X \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							JL	+ \$=	<u> </u>	OR	+\$=		
* If the difference in column 1 is less than zero, enter *0* in column 2.						2.		TOTAL		OR	TOTAL	·	
CLAIMS AS AMENDED - PART II													
<u> </u>	(Column 1)				(Column 2)	(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		REMA! AFTI AMEND	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.15(c))	1.40	М	linus	" 2/	=19		(\$ =	165	OR	x 360 =	950	
	Independent (37 OFR.1.16(b))	1 4	M	inus	B	= 1		C\$=		OR	× 5 230 =	200	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CHR 1.15(d))							- <u>-</u>	•	OR			
							· -	OTAL DD'L FEE			TOTAL	ia	
17	12-805 (Column 1) (Column 2) (Column 3)							DOCTEE		OR	ADD'L FEE	1130	
ENDMENT B		CLAIN REMAIN AFTE AMENDM	IS ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total _promuse)	38	Mir	ius	" U)	=	上		FEE			FEE	
E.	Independent (37 CFR 1,15(b))	. 5	Mir	ius	//	=		1		OR	X \$ =		
A	FIRST PRESENTATION OF MILE TIPLE DECEMBER OF COLOR						ř	\$=		OR	x s =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							5 =		OR	+ 5 =		
								DO'L FEE		OR	ADD'L FEE		
-, -		(Column			(Column 2)	(Column 3)					_		
Ź٢		CLAIMS REMAINII AFTER .AMENOME	VG	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL .		RATE	ADDI- TIONAL	
	Total (37 CFR 1,16(c))	. !	Minu	ıs		± .	×		FEE			FEE	
	Independent (37 CFR 1.18(b))	•	Minu	ıs ·		:	X :			Г	X \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CF: 1.16(d))						+ 1				X \$		
								TAL		<u>-</u>	FOTAL		
	THE HIGHESTIN	umber Previ	DIESTA POM F	· ^ ?N	column 2, write THIS SPACE I:	1 A 00		D'L FEE		OR ,	ADD'L FEE		
	"If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is sess than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independe ii) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggest and for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Palents, P.O. Box 1450, Nexandria, VA 22313-1450.